

**VIRGINIA BOARD
OF
JUVENILE JUSTICE**

**STANDARDS
For
JUVENILE RESIDENTIAL
FACILITIES**

**COMPLIANCE MANUAL WITH INTERPRETIVE GUIDELINES
January 24, 2007**

CHAPTER 140

STANDARDS FOR JUVENILE RESIDENTIAL FACILITIES

As revised effective July 1, 2005

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Part I

General Provisions

6 VAC 35-140-10. Definitions.

Unless the context clearly indicates otherwise, terms that are defined in Standards for the Interdepartmental Regulation of Residential Facilities for Children shall have the same meaning when used in this chapter, and the following words and terms have the following meanings:

"Board" means Board of Juvenile Justice.

"Boot camp" means a short-term secure or nonsecure juvenile residential program that includes aspects of basic military training, such as drill and ceremony.

"Department" means the Department of Juvenile Justice.

"Detention home" means a secure facility which houses juveniles who are ordered detained pursuant to the Code of Virginia.

"Family oriented group home" means a private home in which juveniles may reside upon placement by a lawful child-placing agency.

"Halfway house" means a residential facility housing juveniles in transition from direct care.

"Health authority" means a physician, health administrator or health agency designated responsible for arranging all levels of health care in a facility, consistent with law and medical ethics.

"Health-trained staff person" means a staff person who is trained by a licensed health care provider to perform duties such as preparing or reviewing screening forms for

needed follow up, preparing residents and their records for sick call, and assisting in the implementation of medical orders regarding diets, housing and work assignments.

"Informed consent" means the agreement by a patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences and risks of the proposed treatment, examination, or procedure and the alternatives to it. For an invasive procedure where there is some risk to the patient, informed consent is documented on a written form containing the juvenile's signature or that of the legal guardian if required.

"Independent living program" means a residential program designed to help residents obtain skills which will allow them to become self-sufficient adults and which provides limited supervision by adults and encourages independent decision making.

"Infraction" or "rule violation" means a violation of the program's rules of conduct, in one of the following degrees of severity:

"Major rule violation" means any action that threatens the life, safety or security of persons or property and requires due process for resolution.-

"Moderate infraction" or "intermediate infraction" means a violation of the program's rules of conduct requiring use of due process procedures for resolution.

"Isolation" means the confinement of a resident, after due process, in a single self-contained cell for a specified period of time as a disciplinary sanction for rule infractions. During isolation, all activities with the exception of eating, sleeping, personal hygiene, reading and writing are restricted and the resident is not permitted to participate in activities with other residents.

"Juvenile correctional center" means a secure facility operated by the Department of Juvenile Justice to house and treat persons committed to the department. Unless the context clearly indicates otherwise, the term includes the reception and diagnostic center.

"Juvenile residential facility" means a publicly or privately operated facility where 24 hour per day care is provided to children within Virginia's juvenile justice system. As used in this regulation the term includes, but is not necessarily limited to, group homes, family oriented group homes, halfway houses, secure detention facilities, boot camps, wilderness work camps and juvenile correctional centers.

"Legal correspondence" and **"legal mail"** means that which is sent to or received from a designated class of correspondents, as defined in the particular standard, such as a court, legal counsel, administrators of the grievance system or administrators of the department.

"Master file" means the complete record of a committed resident which is retained at the reception and diagnostic center.

"Health record" means the complete record of medical screening and examination information and ongoing records of medical and ancillary service delivery including all findings, diagnoses, treatments, dispositions, prescriptions and their administration.

"Military style discipline" means a system whereby staff in a military-style program are authorized to respond to minor infractions at the moment they notice the infraction being committed by imposing immediate sanctions. The offender may be directed immediately to perform some physical feat, such as pushups or some other sanction as provided for in the facility's written policies and procedures.

"Resident" means a juvenile or other person who is legally placed in or formally admitted to the facility. In some facilities, residents may be referred to as wards, cadets, inmates or detainees.

"Room confinement" means restricting a resident to his room.

"Secure facility" means a local, regional or state publicly or privately operated residential facility for children that has construction fixtures designed to prevent escape and to restrict the movement and activities of juveniles held in lawful custody.

"Segregation" means the placement of a resident, after proper administrative process, in a special housing unit or designated individual cell that is reserved for special management of residents for purposes of protective care or custodial management.

"Shall" means that an obligation to act is imposed.

"Transfer file" means the complete record of a committed resident that accompanies the resident to whatever facility the resident is transferred to while in direct state care.

"Volunteer" means any individual or group who of their own free will, and without any financial gain, provides goods or services to the program without compensation.

"Wilderness work camp" means a secure residential facility in a remote wilderness setting providing a program of therapeutic hard work to increase vocational skills.

6 VAC 35-140-20. Other applicable standards.

- A. These standards will be applied in conjunction with Standards for the Interdepartmental Regulation of Residential Facilities for Children, jointly issued by the Board of Juvenile Justice, the State Board of Education, the State Mental

Health, Mental Retardation and Substance Abuse Services Board, and the Board of Social Services.

- B. This regulation and revisions hereto will be developed in consideration of standards adopted by the American Correctional Association for the accreditation of various classes of juvenile residential facilities.

6 VAC 35-140-22. National Accreditation is Deemed Compliance with these Standards.

The Board will accept a juvenile residential facility's accreditation by the American Correctional Association as evidence of compliance with the substantial requirements of this regulation and will grant certification pursuant to 6 VAC 35-20 for a period of time consistent with the term of the facility's accreditation. Where Virginia has established standards for which the ACA has no parallel standard, the board retains its statutory right and responsibility to monitor compliance with the Virginia regulations and will publish a list of such standards.

6 VAC 35-140-23. Outcome-based and performance-based standards authorized.

The board may, in its discretion on a case-by-case basis and for a specified time, exempt individual facilities from specific standards set out in this chapter and authorize the facility to implement on an experimental basis one or more substitute standards that measure performance or outcomes. Such substitute standards may be modeled on standards adopted or being considered by nationally recognized bodies such as the ACA or may be developed by a facility to meet specific circumstances.

6 VAC 35-140-24. Regulation establishes policy.

The standards embodied in this regulation also establish, individually and collectively, "programmatic and fiscal policies" that the Board is directed to develop pursuant to § 66-10 of the Code of Virginia. Nothing in this regulation shall be construed to limit the board's authority to establish additional or separate programmatic and fiscal policies for residential facilities or programs in accordance with Code of Virginia § 66-10.

6 VAC 35-140-30. Applicability.

The applicability of each standard to various types of juvenile residential facilities is indicated in the section title or in the body of the standard.

6 VAC 35-140-40. Previous regulations terminated.

This chapter replaces the following: Standards for Juvenile Correctional Centers (6 VAC 35-70-10 et seq.); Standards for Secure Detention (6 VAC 35-100-10 et seq.), Standards for Family Group Homes (6 VAC 35-120-10 et seq.), Standards for Post Dispositional Confinement for Secure Detention and Court Service Units (6 VAC 35-90-10 et seq.), and Predispositional and Postdispositional Group Home Standards (6 VAC 35-40-10 et seq.).

Part II

Standards for all Juvenile Residential Facilities

Article 1

Program Operation

6 VAC 35-140-45. General requirement.

All juvenile residential facilities shall comply with all applicable laws and regulations.

COMPLIANCE DETERMINATION: Review any documented instances where the facility has violated statutes or other regulations both state and federal.

6 VAC 35-140-50. Nondiscrimination.

Written policy, procedure and practice in all juvenile residential facilities shall provide that:

1. Youth are not discriminated against based on race, national origin, color, creed, religion, sex or sexual orientation, or disability;
2. Males and females in coeducational programs have equal access to all programs and activities; they may be housed in the same unit, but not the same sleeping room;
3. Reasonable accommodation is made to integrate residents with disabilities into the general population and grant them access to program and service areas, provided such accommodation is consistent with facility security and is unlikely to place the resident or others into situations of direct threat to health or safety; and
4. Youth are not subjected to corporal or unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping.

COMPLIANCE DETERMINATION: Review P&P for each element. Interview residents and staff. Review grievance decisions and staff disciplinary actions. Review documentation for founded CPS cases.

6 VAC 35-140-60. Admission and orientation.

Written policy, procedure and practice governing the admission and orientation of residents to the juvenile residential facility shall provide for:

1. Verification of legal authority for placement;
2. Search of the resident and the resident's possessions, including inventory and storage or disposition of property, as appropriate;
3. Health screening;
4. Notification of family including admission, visitation, and general information, including how the resident's parent or legal guardian may request information and register concerns and complaints with the facility;
5. Interview with resident to answer questions and obtain information;
6. Explanation to resident of program services and schedules; and
7. Assignment of resident to a housing unit or room.

COMPLIANCE DETERMINATION: Review policy or policies for all elements required by standard; examine case records for required documentation, including court order or placement agreement; interview staff; interview residents.
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6 VAC 35-140-65. Orientation to facility rules and disciplinary procedures.

- A. During the orientation to the juvenile residential facility, residents shall be given written information describing facility rules, the punishments for rule violations, and the facility's disciplinary procedures. These shall be explained to the resident and documented by the dated signature of resident and staff.

COMPLIANCE DETERMINATION: Review case files for staff and resident signatures.

INTERPRETIVE GUIDELINES: The goal is to ensure that, at the time of admission or orientation, all residents receive the same information relating to rules, etc., and have an opportunity to have questions answered. Thus, the "written information" may consist of information posted where residents can see it, provided the rules are explained to residents and the explanation is documented.

B. Where a language or literacy problem exists that can lead to a resident misunderstanding the juvenile residential facility rules and regulations, staff or a qualified person under the supervision of staff shall assist the resident.

COMPLIANCE DETERMINATION: Interview staff and residents.

6 VAC 35-140-70. Grievance procedure.

Written policy, procedure and practice shall provide that residents of the juvenile residential facility are oriented to and have continuing access to a grievance procedure that provides for:

1. Resident participation in the grievance process, with assistance from staff upon request;
2. Documented, timely responses to all grievances with the reasons for the decision;
3. At least one level of appeal;
4. Administrative review of grievances;
5. Protection of residents from reprisal for filing a grievance;
6. Retention of all documentation related to grievances for three years from the date of the filing of the grievance and
7. Hearing of an emergency grievance within eight hours.

INTERPRETIVE GUIDELINES : In small facilities, the one level of appeal may also be performed by the same person who does the administrative review of grievances.

COMPLIANCE DETERMINATION: Review grievance procedure for each element. Review documentation of orientation. Interview staff and residents as to how they have access.

6 VAC 35-140-75. Residents' mail.

- A. In the presence of a witness and in accordance with written procedures, staff may open and inspect incoming and outgoing non-legal mail for contraband, but shall not read it.
- B. In accordance with written procedures, staff may open and inspect residents' incoming and outgoing mail for contraband. When based on legitimate facility interests of order and security, mail may be read, censored or rejected. In accordance with written procedures, the juvenile shall be notified when incoming or outgoing letters are withheld in part or in full.
- C. In the presence of the recipient and in accordance with written procedures, staff may open to inspect for contraband, but shall not read legal correspondence and mail to or from a court, legal counsel, administrators of the grievance system or administrators of the department.
- D. Staff shall not read mail addressed to parents, family, legal guardian, guardian ad litem, counsel, courts, officials of the committing authority, public official or grievance administrators unless permission has been obtained from a court of competent jurisdiction or the Director or his designee has determined that there is a reasonable belief that the security of a facility is threatened. When so

authorized, staff may read such mail in the presence of a witness, in accordance with written procedures.

- E. Incoming and outgoing letters shall be held for no more than 24 hours and packages for no more than 48 hours, excluding weekends and holidays.
- F. Cash, stamps and other specified items may be held for the resident.
- G. Upon request, each resident shall be given postage and writing materials for all legal correspondence and to mail at least two letters per week.
- H. Residents shall be permitted to correspond at their own expense with any person or organization provided such correspondence does not pose a threat to facility order and security and is not being used to violate or to conspire to violate the law.
- I. First class letters and packages received for juveniles who have been transferred or released shall be forwarded.
- J. Written policy and procedure governing correspondence of juveniles shall be made available to all staff and juveniles and shall be reviewed annually and updated as needed.

COMPLIANCE DETERMINATION: Review written policy and procedures. Interview staff and residents. Look for documentation of annual review and any updates.
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6 VAC 35-140-80. Telephone calls.

Residents in all juvenile residential facilities shall be permitted reasonable access to a telephone in accordance with policies and procedures that take into account the need for facility security and order, resident behavior, and program objectives.

COMPLIANCE DETERMINATION: Review policy and procedure. Interview staff and residents.

6 VAC 35-140-90. Visitation.

- A. Residents in all juvenile residential programs shall be permitted to have visitors, consistent with written policies and procedures that take into account the need for facility security and order, the behavior of individual residents and visitors and the importance of helping the resident maintain strong family and community ties.
- B. Each juvenile residential facility shall have a designated visiting area.
- C. Visiting facilities in each juvenile residential facility permit informal communication between residents and visitors, including opportunity for physical contact in accordance with written procedures.

INTERPRETIVE GUIDELINES: Some secure facilities were constructed with visitation rooms for non-contact visitation. Procedures now need to provide for “opportunity” for contact visitation, when requested. The provision of such visitation should be consistent with the security of the facility. Facilities constructed prior to these standards do not need structural modifications.

COMPLIANCE DETERMINATION: Review policy and procedure. Observe visiting areas. Interview staff.

6 VAC 35-140-100. School classrooms.

In facilities that operate school programs at the facility, school classrooms shall be designed in consultation with the appropriate education authorities to comply with applicable state or local requirements.

COMPLIANCE DETERMINATION: In most cases compliance is determined by DOE staff in JCCs and JDHs.

6 VAC 35-140-110. Residents' funds.

In all juvenile residential facilities residents' funds shall be used only for their benefit; for payments ordered by a court of competent jurisdiction; or to pay restitution for damaged property or personal injury as determined by disciplinary procedures.

INTERPRETIVE GUIDELINES: "Residents' funds" means the personal funds of individual residents, not facility programming funds. "For their own benefit" may include various purposes and activities, including the resident's participation in group activities, provided the resident has a say in how the funds are used. For example, using residents' funds for an excursion could be acceptable; while using residents' funds to purchase a VCR for the facility clearly would not be.

COMPLIANCE DETERMINATION: Interview administration and residents. Review financial records for use of resident funds if necessary.

6 VAC 35-140-120. Contraband.

In all juvenile residential facilities, written policy, procedure and practice shall provide for the control, detection and disposition of contraband.

COMPLIANCE DETERMINATION: Review policy and procedure and interview staff.

6 VAC 35-140-130. Criminal activity.

In all juvenile residential facilities, written policy, procedure and practice shall require that staff report all known criminal activity by residents or staff to the program administrator for appropriate action.

COMPLIANCE DETERMINATION: Review policy and procedure. Interview administration.

6 VAC 35-140-140. Transportation.

It shall be the responsibility of the juvenile residential facility to have transportation available or to make the necessary arrangements for routine and emergency transportation.

INTERPRETIVE GUIDELINES: The standard does not require the facility to own or operate vehicles, provided it has made arrangements for routine and emergency transportation.

COMPLIANCE DETERMINATION: Interview staff.

6 VAC 35-140-150. Nonresidential programs and services.

Any nonresidential services offered by the juvenile residential facility shall comply with all applicable laws and regulations.

INTERPRETIVE GUIDELINES: If a facility operates a non-residential program serving juveniles who are before the court or under informal supervision by court service unit staff" that non-residential program is subject to the Board's Standards for Non-Residential Programs Available to Juvenile and Domestic Relations District Courts. Additional requirements may be imposed by contract or agreement. These programs and services would generally be under VJCCCA funding and monitored by Departmental staff during periodic reviews of the VJCCCA plans.

COMPLIANCE DETERMINATION: If programs exist, verify with VJCCCA they are appropriately administered.

6 VAC 35-140-160. Insurance.

- A. Each residential program shall have:
 - 1. Liability insurance for all employees;

2. Insurance to protect volunteers, if the program uses volunteers;
3. Premises liability insurance;
4. Vehicle insurance for facility vehicles.

INTERPRETIVE GUIDELINES: In JCCs, a statement is provided to Certification Manager each year that there is appropriate insurance. No further documentation for JCCs is needed.

COMPLIANCE DETERMINATION: Review current policy information with expiration dates.

- B. Staff shall be informed when hired of the requirements to provide insurance coverage while using personal vehicles for official business.

INTERPRETIVE GUIDELINES: If the facility restricts the use of personal vehicles, this standard is not applicable.

COMPLIANCE DETERMINATION: Interview administration and staff.

6 VAC 35-140-170. Computer security.

If the juvenile residential facility records log book type information on computer, all entries shall post the date, time and name of the person making an entry; the computer shall prevent previous entries from being overwritten.

COMPLIANCE DETERMINATION: Review electronic log books. Have staff demonstrate.

6 VAC 35-140-180. Release procedures.

Residents shall be released from a juvenile residential facility only in accordance with written policy and procedure.

COMPLIANCE DETERMINATION: Review policy and procedure. Review case files. Interview.

Article 2

Health Care

6 VAC 35-140-190. Health screening at admission.

Written policy, procedure and practice of the juvenile residential facility shall require that:

1. To prevent newly-arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff, using a health screening form that has been approved by the facility's health authority.
2. Youth admitted to the juvenile residential facility who pose a health or safety threat to themselves or others are not admitted to the facility's general population but provision shall be made for them to receive comparable services.
3. Immediate health care is provided to residents who need it.

INTERPRETIVE GUIDELINES: A health-trained staff person must be trained in the specific health-related task he or she performs, but does not need to be trained in any other health-related tasks. Thus, a health-trained staff person who conducts preliminary health screenings at admission must be trained to conduct the required structured interview and observation, using the facility's approved health screening form, but need not be trained in any other health-related tasks unless those are part of his or her job duties. Training must be provided by health care staff or trainers who follow training have been trained by health care staff.

COMPLIANCE DETERMINATION: Review policy and procedure. Review documentation in medical record. Review credentials of staff or training. Review approval of form.

6 VAC 35-140-192. Provision of health care.

Written policy and defined procedure require, and actual practice evidences, that treatment is performed by nursing personnel pursuant to written or verbal orders signed by personnel authorized by law to give such orders.

COMPLIANCE DETERMINATION: Review policy and procedure. Review medical records for documentation of orders including standing orders.

6 VAC 35-140-200. Training regarding special medical needs of residents.

Written policy, procedure and practice shall provide that staff of the juvenile residential facility shall be trained in universal precautions regarding HIV and shall follow procedures for dealing with residents who have infectious or communicable diseases.

COMPLIANCE DETERMINATION: Review policy and procedure. Review training records.

6 VAC 35-140-210. Informed consent to health care.

Written policy, procedure and practice of the juvenile residential facility shall provide that:

1. The informed consent to health care shall be obtained from the resident, parent, guardian or legal custodian as required by law.
2. Residents may refuse, in writing, medical treatment and care.
3. When health care is rendered against the resident's will, it shall be in accordance with applicable laws and regulations.

INTERPRETIVE GUIDELINES: "Informed consent" means the agreement by a patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences and risks of the proposed treatment, examination, or procedure and the alternatives to it. For an invasive procedure where there is some risk to the patient, informed consent is documented on a written form containing the juvenile's signature or that of the legal guardian if required. This is not the same as the signed permission for medical treatment obtained from a parent or guardian.

COMPLIANCE DETERMINATION: Review policy and procedure. Review medical records for documentation including written refusals and interview medical staff.

6 VAC 35-140-220. Health records.

A. Written policy, procedure and practice of the juvenile residential facility shall provide that residents' active health records shall be:

1. Kept confidential from unauthorized persons and in a file separate from the case record;
2. Readily accessible in case of emergency; and
3. Made available to authorized staff consistent with applicable state and federal laws.

INTERPRETIVE GUIDELINES: A file "separate from the case record" may be kept in a separate drawer, separate cabinet, or in a separate folder attached to the case file but which may be easily removed from the case file.

COMPLIANCE DETERMINATION: Review policy and procedure. Observe location of records and ascertain who has access to them. Is information readily available in an emergency.

B. Residents' inactive health records shall be retained and disposed of as required by The Library of Virginia.

COMPLIANCE DETERMINATION: Review P&P. Interview administrator.

6 VAC 35-140-230. Hospitalization and other outside medical treatment of residents.

- A. When a resident of a juvenile residential facility needs hospital care or other medical treatment outside the facility,
1. the resident shall be transported safely, and
 2. a parent or legal guardian, a staff member, or a law-enforcement officer, as appropriate, shall accompany the resident and stay at least during admission and, in the case of securely detained or committed residents, until appropriate security arrangements are made.
- B. If a parent or legal guardian does not accompany the resident to the hospital or other medical treatment outside the facility, the parent or legal guardian shall be informed that the resident was taken outside the facility for medical attention as soon as is practicable.

COMPLIANCE DETERMINATION: Interview staff. Review incident reports for notifications.
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6 VAC 35-140-240. [Reserved]

6 VAC 35-140-250. Suicide prevention.

Written policy, procedure and practice of the juvenile residential facility shall provide that there is a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional, and all direct care staff are trained in the implementation of the program.

COMPLIANCE DETERMINATION: Review suicide prevention program. Look for evidence that there was mental health consultation. Review staff training records.

Article 3

Personnel

6 VAC 35-140-260. Background checks on personnel.

- A. Except as provided in paragraph C, all persons selected for employment in a juvenile residential facility after January 1, 1998, all family oriented group home staff, all persons who teach in the facility, and all persons who work one-on-one with residents shall, prior to assuming their duties, undergo a check of references, criminal records, central registry and, if appropriate, driving record, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of juveniles in the program. The background check shall include a fingerprint check with the Virginia State Police and FBI if the State Police determine that the requesting agency is a qualified entity, or a criminal history request or a noncriminal justice interface with the Virginia State Police if the State Police determine that the requesting agency is not a qualified entity to receive fingerprint-based criminal information.

INTERPRETATIVE GUIDELINE: All persons must have the required background. If they are direct care staff there is the exception noted in “C”.

COMPLIANCE DETERMINATION: Review personnel records of new staff hired since the last audit for documentation of background checks.

- B. The facility shall have procedures for supervising non-staff persons who have contact with residents.

INTERPRETATIVE GUIDELINE: Non-staff would include volunteers, visitors, and outside contractors.

COMPLIANCE DETERMINATION: Review procedures.

- C. To minimize vacancy time when a fingerprint check has been requested, direct care staff may be hired pending the results of the fingerprint checks, provided:
1. the CPS check and criminal background check have been completed;
 2. the applicant is given written notice that continued employment is contingent on the fingerprint check results; and
 3. staff hired under this exception shall always work with staff whose background checks have been completed.

INTERPRETATIVE GUIDELINE: “Direct care staff” - Those staff who have direct supervision responsibility for one or more residents.

COMPLIANCE DETERMINATION: Interview administrative staff as to scheduling of personnel pending completion of background checks.

6 VAC 35-140-270. Physical examination.

When the qualifications for a position in a juvenile residential facility require a given set of physical abilities, all persons selected for such positions shall be examined by a physician at the time of employment to ensure that they have the level of medical health or physical ability required to perform assigned duties. Persons hired after July 1, 2005, into positions that require a given set of physical abilities may be re-examined annually in accordance with written procedures.

INTERPRETIVE GUIDELINES: The standard does not require that a given level of health or physical ability be specified for any positions; but if they are required by the facility or program, then a physical exam must be done to verify the hired person's suitability.

COMPLIANCE DETERMINATION: Review position descriptions; if physical or health requirements are stated, then examine personnel or staff medical records to

verify the required physical exam.

6 VAC 35-140-275. Code of Ethics.

A written code of ethics that is available to all employees shall prohibit employees of the juvenile residential facility from using their official positions to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest.

COMPLIANCE DETERMINATION: Review Code of Ethics and interview staff to availability.

6 VAC 35-140-280. Training.

A. Initial orientation and annual training shall be provided to all staff, relief staff, volunteers, and interns of juvenile residential facilities and family-oriented group home staff, in accordance with each position's job description and annual training plan.

INTERPRETIVE GUIDELINES: The standard requires an "annual training plan" for each position. Training should be provided in accordance with such a plan, but need not be limited to the training issues identified in the plan.

COMPLIANCE DETERMINATION: Review job descriptions and annual training plans; review training records in light of these documents.

B. Prior to assuming their duties, juvenile residential facility staff who are responsible for supervising residents shall receive an orientation that addresses at least the following items:

1. The facility's program philosophy and services;
2. Residents' rules and the facility's behavior management program;
3. Residents' rights and responsibilities;
4. Residents' disciplinary and grievance procedures;

5. Security and emergency procedures; and
6. Documentation requirements.

COMPLIANCE DETERMINATION: Review training records or orientation checklist to verify that the required items are covered prior to assuming duties..

C. In addition to the orientation required by paragraph B, juvenile residential facility staff who work with juveniles shall receive sufficient training so that they are thoroughly familiar with the rules of juvenile conduct, the rationale for the rules and the sanctions available.

COMPLIANCE DETERMINATION: Interview staff.

D. All full-time staff of juvenile residential facilities who provide direct services or supervision to residents or families shall receive at least 40 hours of training annually. As applicable to the individual's position, this training shall include the training required by:

1. The Standards for the Interdepartmental Regulation of Children's Residential Facilities; and
2. The standards in this regulation dealing with:
 - a. Suicide prevention (6 VAC 35-140-250);
 - b. Special medical needs of residents (6 VAC 35-140-200);
 - c. Health screenings at admission (6 VAC 35-140-190); and
 - d. Mechanical restraints (6 VAC 35-140-680).

INTERPRETIVE GUIDELINES: In assessing compliance with this standard look for evidence of annual training in a ,b, c, and d as appropriate to the job function of the person providing direct services. The requirements of the

Interdepartmental program are assessed in the audit of those standards. Item 2c: requirement applies to those staff who are assigned to do health screenings. The program should use the same format for annual i.e., fiscal year, performance cycle, or calendar year,

COMPLIANCE DETERMINATION: Review training records for number of hours and required annual training.

6 VAC 35-140-290. Outside personnel working in the facility.

- A. Juvenile residential facility staff shall monitor all situations in which outside personnel perform any kind of work in the immediate presence of youth in the facility.
- B. Adult inmates or persons assigned to perform services as a result of a conviction in an adult court shall not work in areas of any juvenile residential facility where youth are present.

INTERPRETIVE GUIDELINES: "Facility staff" include facility employees, volunteers, and contract service. "Outside personnel" means persons who are not employees or volunteers of the facility.

COMPLIANCE DETERMINATION: Interview staff.

6 VAC 35-140-295. Political activity.

The juvenile residential facility shall have written policy regarding campaigning, lobbying and political activities by employees, consistent with applicable statutes and state or local policies. The policy shall be known by and made available to all employees.

COMPLIANCE DETERMINATION: Review policy and interview staff.

Article 4

Safety and Physical Environment

6 VAC 35-140-300. Showers.

Residents of the juvenile residential facility shall have the opportunity to shower daily.

COMPLIANCE DETERMINATION: Interview residents. Review confinement for or logbooks if needed.

6 VAC 35-140-310. Inspections.

All safety, emergency and communications systems of the juvenile residential facility shall be inspected by designated staff according to a schedule which is approved by the facility administrator, and tested at least quarterly and more often if indicated by the manufacturer's recommendations or instruction manuals.

INTERPRETIVE GUIDELINES: The requirement includes, but is not limited to, such equipment and systems as: fire extinguishers, computerized/electronic egress, intercoms, two way radios, etc. Fire detection and sprinkler system testing are evaluated by the fire authority during that inspection. "Testing" of fire extinguishers would only be an inspection of the gauge showing the status of the equipment.

COMPLIANCE DETERMINATION: Review approved schedule and documentation of testing and inspections.

6 VAC 35-140-320. Repair or replacement of defective equipment.

Whenever equipment of the juvenile residential facility is found to be defective, immediate steps shall be taken to rectify the situation and to repair or replace the defective equipment.

COMPLIANCE DETERMINATION: Interview staff. If applicable, see equipment repair/replacement orders.

6 VAC 35-140-330. Lighting in housing and activity areas.

- A. Sleeping and activity areas in the juvenile residential facility shall provide natural lighting.
- B. In all juvenile residential facilities there shall be night lighting sufficient to observe residents.

COMPLIANCE DETERMINATION: Observe areas of the facility occupied by residents.

6 VAC 35-140-340. Fire prevention.

- A. There shall be a fire prevention plan in each juvenile residential facility that provides for an adequate fire protection service.

COMPLIANCE DETERMINATION: Examine the fire prevention plan.

- B. The juvenile residential facility shall have receptacles for disposing of flammable materials.

INTERPRETIVE GUIDELINES: Flammable materials are those which ignite at a temperature below 100 degrees Fahrenheit.

COMPLIANCE DETERMINATION: See receptacles if applicable.

- C. All flammable, toxic and caustic materials within the juvenile residential facility shall be stored and used in accord with federal, state and local requirements.

INTERPRETIVE GUIDELINES: All toxic and caustic materials are to be stored in their original containers in a secure area in each department. The manufacturer's label must be kept intact on the container.

COMPLIANCE DETERMINATION: Observe facility building and grounds to see where flammables, toxics, caustics, etc., are kept. If applicable, read the manufacturer's Material Safety Data Sheet.

D. Flame retardant and nontoxic materials shall be used in construction and furnishings of the juvenile residential facility.

COMPLIANCE DETERMINATION: Examine documentation from the manufacturer regarding furnishings, and from the contractor or builder regarding construction.

Article 5

Independent Living Programs

6 VAC 35-140-350. Independent living programs.

Independent living programs shall have a written description of the curriculum and methods used to teach living skills, which shall include finding and keeping a job, managing personal finances, household budgeting, hygiene, nutrition and other life skills.

COMPLIANCE DETERMINATION: Review written description for each area.

Article 6

Standards for Family Group Homes

6 VAC 35-140-360. Requirements of family group home systems.

Family group home systems shall have written policies and procedures for:

1. Setting the number of youth to be housed in each home and room of the home, and prohibiting youth and adults from sharing sleeping rooms without specific approval from the program administrator;
2. Providing supervision of and guidance for the family group home parents and relief staff;
3. Admitting and orienting residents;
4. Preparing a treatment plan for each resident within 30 days of admission, or 72 hours in the case of a temporary care facility, and reviewing the plan quarterly;
5. Providing appropriate programs and services from intake through release;
6. Providing residents with spending money;
7. Managing resident records and releasing information;
8. Providing medical and dental care to residents;
9. Notifying parents, guardians, the placing agency and the regulatory authority of any serious incident as specified in department policy;
10. Making a program supervisor or designated staff person available to residents and house parents 24 hours a day;
11. Ensuring the secure control of any firearms and ammunition in the home.

COMPLIANCE DETERMINATION: Review for each area.
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6 VAC 35-140-370. Examination by physician.

Each resident admitted to a family group home shall have a physical examination including tuberculosis screening within 30 days of admission, unless the resident was examined within six months prior to admission to the program.

COMPLIANCE DETERMINATION: Review case files.

6 VAC 35-140-380. Requirements of family group homes.

Each family group home shall have:

1. A fire extinguisher, inspected annually;
2. Smoke alarm devices in working condition;
3. Alternative methods of escape from second story;
4. Modern sanitation facilities;
5. Freedom from physical hazards;
6. A written emergency plan that is communicated to all new residents at orientation;
7. An up-to-date listing of medical and other emergency resources in the community;
8. A separate bed for each resident, with clean sheets and linens weekly;
9. A bedroom that is well illuminated and ventilated; that is in good repair; that is not a hallway, unfinished basement or attic; and that provides conditions for privacy through the use of dividers or furniture arrangements;
10. A place to store residents' clothing and personal items;
11. Sanitary toilet and bath facilities that are adequate for the number of residents;

12. A safe and clean place for indoor and outdoor recreation;
13. Adequate and comfortable furniture;
14. Adequate laundry facilities or laundry services;
15. A clean and pleasant dining area;
16. Adequate and nutritionally balanced meals; and
17. Daily provision of clean clothing and articles necessary for maintaining proper personal hygiene.

COMPLIANCE DETERMINATION: Review the residential environment for each area.
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Article 6.1

Standards for Halfway Houses

6 VAC 35-140-385. Administration and organization.

Each halfway house shall have a document describing its mission and role within the context of the total direct care system. Each halfway house shall demonstrate that its programs and services are consistent with the described mission and role, or document approval by the appropriate authority for any variance from the stated mission and role.

COMPLIANCE DETERMINATION: Review document and interview ROM.

6 VAC 35-140-386. Review of collective service needs.

At least once every three years, the halfway house shall review the collective service needs of its juvenile population, evaluate the effectiveness of existing programs and services in meeting the needs of its population, and implement special programs to meet the needs of youth with specific types of problems identified through the process.

COMPLIANCE DETERMINATION: Review documentation of a review every three years.

6 VAC 35-140-387. Program to reinforce positive behavior.

Consistent with department policies and procedures, each halfway house shall implement a system of rewarding the positive behavior of individual youth.

COMPLIANCE DETERMINATION: Review the Behavior Management Program.

6 VAC 35-140-388. Organizational communications.

The halfway house shall demonstrate compliance with department procedures requiring reports concerning major incidents, population data, employee vacancies and other information determined by the central administration.

COMPLIANCE DETERMINATION: Interview the ROM for assessment of compliance.

6 VAC 35-140-389. Financial practices.

Each halfway house shall demonstrate compliance with department procedures and state policy concerning procurement, control of property, accounting practices, petty cash, signature control on checks and reimbursement of employees for approved expenses incurred in the performance of their duties.

COMPLIANCE DETERMINATION: Interview the ROM for assessment of compliance.
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Article 7

Boot Camps

6 VAC 35-140-390. Staff physical and psychological qualifications.

The boot camp shall include in the qualifications for staff positions a statement of:

1. The physical fitness level requirements for each staff position; and
2. Any psychological assessment or evaluation required prior to employment.

6 VAC 35-140-400. Residents' physical qualifications.

The boot camp shall have written policies and procedures that govern:

1. Admission, including a required written statement from a physician that the juvenile meets the American Pediatric Society's guidelines to participate in contact sports and from a licensed mental health professional that the juvenile is an appropriate candidate for a boot camp program; and
2. Discharge, should a resident be physically unable to keep up with the program.

6 VAC 35-140-410. Residents' nonparticipation.

The boot camp shall have written procedures approved by the department for dealing with residents who are not complying with boot camp program requirements.

6 VAC 35-140-420. Program description.

The boot camp shall have a written program description that states:

1. How residents' physical training, work assignment, education and vocational training and treatment program participation will be interrelated;
2. The length of the boot camp program and the kind and duration of treatment and supervision that will be provided upon the resident's release from the residential program;
3. Whether residents will be cycled through the program individually or in platoons; and
4. The program's incentives and sanctions, including whether military or correctional discipline will be used; if military style discipline is used, written procedures shall specify what summary punishments are permitted.

Part III

Standards for all Secure Facilities

Article 1

General Requirements of Secure Facilities

6 VAC 35-140-430. Mental health assessment in secure detention.

Written policy, procedure and practice shall provide that:

1. As part of the intake process in each secure detention facility, staff trained in the application of an approved screening tool shall ascertain the resident's need for a mental health assessment; and
2. If staff determine that a mental health assessment is needed, it shall take place within 24 hours of such determination.

INTERPRETIVE GUIDELINES: The screening tool should be approved by the Department of Juvenile Justice. This may be the MAYSI or it could be the suicide interview protocol. If the MAYSI is not done at the time of admission it must be done within 48 hours. If the MAYSI is not used at intake, then the approved suicide interview protocol must be used to determine the need for a further assessment.

COMPLIANCE DETERMINATION: Review policy and procedure; review screening tool; review staff training records.

6 VAC 35-140-440. Classification plan.

- A. Residents of the secure facility shall be assigned to sleeping rooms and living units according to a written plan that takes into consideration facility design, staffing levels, and the behavior and characteristics of individual residents.

COMPLIANCE DETERMINATION: Review written plan; interview staff; observe assignments and living units for population stipulated by plan.

- B. When the department places wards in residential facilities according to custody or security level, department procedure and practice shall provide for a systematic decrease in supervision and a corresponding increase in juvenile responsibility as the ward moves to a less secure placement in preparation for the ward's ultimate release from direct care.

COMPLIANCE DETERMINATION: Review classification and Behavior

Management Program

6 VAC 35-140-450. Resident's physical examination; responsibility for preexisting conditions.

- A. Within five days of admission to the secure facility, all residents who are not directly transferred from another secure juvenile residential facility shall be medically examined by a physician or a qualified health care practitioner operating under the supervision of a physician to determine if the resident requires medical attention or poses a threat to the health of staff or other residents. A full medical examination is not required if there is documented evidence of a complete health appraisal within the previous 90 days; in such cases, a physician or qualified health care practitioner shall review the juvenile's health record and update as necessary.

COMPLIANCE DETERMINATION: Review residents records.

- B. A detention home shall not accept financial responsibility for preexisting medical, dental, psychological or psychiatric conditions except on an emergency basis.

COMPLIANCE DETERMINATION: Review residents records. Interview administrator

6 VAC 35-140-460. Health authority.

A physician, health administrator or health agency shall be designated the health authority responsible for arranging all levels of health care in the secure facility, consistent with law and medical ethics.

COMPLIANCE DETERMINATION: Review documentation that a physician, health administrator or health agency has been designated the health authority (this may be found in contract, personnel file/position description, as applicable).

6 VAC 35-140-470. Medical space and equipment.

The secure facility shall have a central medical room with medical examination facilities equipped in consultation with the health authority.

COMPLIANCE DETERMINATION: Observe the medical room; interview the health authority.

6 VAC 35-140-480. Residents' personal possessions.

A. Each detention home and juvenile correctional center shall inventory residents' personal possessions upon admission and document such in the case file. When a juvenile arrives at a secure facility with items that the juvenile is not permitted to possess in the secure facility:

1. Staff of the facility shall dispose of contraband items in accordance with written procedures.
2. If the items are non perishable property that the juvenile may otherwise legally possess, staff of the facility shall:
 - a. Securely store the property and return it to the resident upon release; or
 - b. Make reasonable documented efforts to return the property to the resident, parent or legal guardian.

COMPLIANCE DETERMINATION: Review policy and procedure. Review residents case records for inventory; interview staff as to where residents' property is stored and how it is disposed of upon residents' release.

- B. Personal property that remains unclaimed 90 days after a documented attempt to return the property may be disposed of in accordance with written policies and procedures.

INTERPRETATIVE GUIDELINE: For local detention centers it would be a good policy to consult with the local attorney for the facility to ensure that disposal of the property is in accordance with law.

COMPLIANCE DETERMINATION: Review policy and procedure. Interview staff.

6 VAC 35-140-490. Area and equipment restrictions.

- A. Written procedures shall govern access to all areas in the secure facility where food or utensils are stored.
- B. All security, maintenance, educational, recreational, culinary, and medical equipment of the secure facility shall be inventoried and controlled.
- C. Residents of a secure detention home shall not be permitted to work in the detention home food service.

COMPLIANCE DETERMINATION: Review written procedures; observe practice. Review inventory lists; interview staff; interview residents.

6 VAC 35-140-500. Reading materials.

- A. Reading materials that are appropriate to residents' ages and levels of competency shall be available to all residents of the secure facility, including new arrivals, and shall be coordinated by a designated person.
- B. Each detention home and juvenile correctional center shall have and follow written policy and procedure governing youth access to publications.

INTERPRETIVE GUIDELINES: The facility administrator or the designated person should be able to articulate how it is determined what reading materials are "appropriate to residents' ages and levels of competency. "

COMPLIANCE DETERMINATION: Interview designated person; interview residents; observe materials.

6 VAC 35-140-510. [Reserved]

6 VAC 35-140-520. Housing and activity areas.

In all secure detention facilities and in juvenile correctional centers constructed after January 1, 1998, sleeping and activity areas shall provide fresh drinking water and toilet facilities.

INTERPRETIVE GUIDELINES: Fresh drinking water and toilet facilities should be available to residents without having to leave the sleeping or activity area.

COMPLIANCE DETERMINATION: Observe the physical plant.

6 VAC 35-140-530. Recreation.

- A. Each detention home and juvenile correctional center shall have appropriate indoor and outdoor recreation areas. An opportunity for large muscle exercise shall be provided daily. Outdoor recreation will be available whenever practicable, in accordance with the secure facility's recreation plan. Staff shall document any adverse weather conditions, threat to facility security or other circumstances preventing outdoor recreation.

- B. Each detention home and juvenile correctional center shall provide a variety of fixed and movable equipment for each indoor and outdoor recreation period.

INTERPRETIVE GUIDELINES: Although the requirement for daily outdoor exercise has been removed, as much outdoor time as practicable is encouraged. The provision of outdoor activities should be included in the recreation plan. The recreation plan should be developed and supervised by a person trained in recreation or a related field. Assess how large muscle activities are provided daily.

COMPLIANCE DETERMINATION: Observe indoor and outdoor space. Review recreation plan. Review documentation of instances where outdoor recreation is not provided according to the recreation plan. Observe equipment and the condition.

6 VAC 35-140-540. Supervision of residents by staff.

- A. Staff of the secure facility shall provide 24-hour awake supervision seven days a week.
- B. When both males and females are housed in the same living unit of a secure facility, at least one male and one female staff member shall be actively supervising at all times.
- C. Staff shall always be in plain view of another staff person when entering an area of the secure facility occupied by residents of the opposite sex.

INTERPRETATIVE GUIDELINE: Board Minutes March 14, 2001
"On MOTION duly made by Mr. Harding, seconded by Mr. Maddra, to grant a blanket variance to 6 VAC 35-140-540 C for all secure custody facilities. The variance will allow two staff of an opposite gender of the residents to provide supervision in the living units. Motion carried."

INTERPRETIVE GUIDELINES: "Actively supervising" may include monitoring via video from a control room.

COMPLIANCE DETERMINATION: Review work schedules; interview staff; interview residents.

- D. Staff shall regulate the movement of juveniles within the secure facility in accordance with written procedures.

COMPLIANCE DETERMINATION: Review procedures.

- E. Each detention home and juvenile correctional center shall have and shall follow written policies and procedures governing the transportation of juveniles outside the facility and from one jurisdiction to another.

COMPLIANCE DETERMINATION: Review transportation guidelines. Interview staff.

- F. Service personnel shall not perform work in any area of the secure facility that permits contact with residents, except under the direct and continuous supervision of facility staff.

COMPLIANCE DETERMINATION: Interview staff.

- G. No detention home or juvenile correctional center shall permit an individual youth or group of youths to exercise control or authority over other youths except when practicing leadership skills as part of an approved program under the direct and immediate supervision of staff.

COMPLIANCE DETERMINATION: Review program components. Interview staff and residents.

6 VAC 35-140-545. Staffing pattern.

- A. During the hours that residents are scheduled to be awake, there shall be at least one child care staff member awake, on duty and responsible for supervision of

every 10 residents, or portion thereof, on the premises or participating in off campus, facility sponsored activities except that independent living programs shall have at least one child care staff member awake, on duty and responsible for supervision of every 15 children on the premises or participating in off campus, facility-sponsored activities.

- B. During the hours that residents are scheduled to sleep there shall be no less than one child care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.

INTERPRETIVE GUIDELINES: “Premises” is defined as the entire facility.

COMPLIANCE DETERMINATION: Review a sample of staff rosters and compare with the total number of residents on site.

- C. There shall be at least one child care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping. This requirement does not apply to approved independent living programs.

INTERPRETIVE GUIDELINES: A building may be separate structures or living units surrounding a staff control center.

- D. On each floor where children are sleeping, there shall be at least one child care staff member awake and on duty for every 30 children or portion thereof.

COMPLIANCE DETERMINATION: Review staff assignments.

6 VAC 35-140-550. Disciplinary process.

- A. Each secure detention facility shall have written guidelines for resolving minor juvenile misbehavior. Before room restriction or privilege restriction is imposed as a sanction, the reason for the restriction shall be explained to the juvenile and the juvenile shall be given an opportunity to explain the behavior that led to the restriction. Room restriction for minor misbehavior shall serve only as a "cooling off" period and shall not exceed 60 minutes.

INTERPRETATIVE GUIDELINE: Does not apply to JCCs.

COMPLIANCE DETERMINATION: Review a sample of confinement forms. Review written guidelines.

- B. Each secure detention facility and juvenile correctional center shall have and follow a written process for handling instances when a resident is charged with a major rule violation.

COMPLIANCE DETERMINATION: Review the written process and application.

- C. A resident may admit to the charge to a facility administrator or designee who was not involved in the incident, accept the sanction prescribed for the offense and waive his right to a formal process. If the resident denies the charge or there is reason to believe that the resident's admission is coerced or that the resident does not understand the charge or the implication of the admission, the formal process for resolving the matter shall be followed.

COMPLIANCE DETERMINATION: Interview residents. Review grievances that may have been written.

- D. When it is necessary to place the juvenile in confinement to protect the facility's security or the safety of the resident or others, the charged juvenile may be confined pending a due process hearing for up to 24 hours. Confinement for

longer than 24 hours must be reviewed at least once every 24 hours by an administrator or designee who was not involved in the incident.

COMPLIANCE DETERMINATION: Review confinement forms.

- E. In each secure detention facility and juvenile correctional center, when staff have reason to believe a resident has committed a rule violation that cannot be resolved through the facility's informal process:

INTERPRETATIVE GUIDELINE: Informal process would be defined by each facility. Informal counseling may be one method.

1. Staff shall prepare a disciplinary report;
2. The resident shall be given a written copy of the charge within 24 hours of the infraction;
3. If a hearing is required under paragraph C, above, the hearing shall be scheduled to occur no later than 48 hours after the infraction in a detention facility, and no later than seven days after the infraction in a juvenile correctional center. These timeframes do not include weekends and holidays.
4. The charged resident shall be given at least 24 hours notice of the time and place of the hearing, but the hearing may be held within 24 hours with the resident's written consent.
5. Disciplinary hearings on rule violations shall be conducted by an impartial person or panel of persons; a record of the proceedings shall be made and shall be kept for six months.
6. Residents charged with rule violations shall be present throughout the hearing unless they waive that right in writing or through their behavior but may be excluded

during the testimony of any resident whose testimony must be given in confidence. The reason for the resident's absence or exclusion shall be documented.

7. Residents shall be permitted to make a statement and present evidence at the hearing and to request witnesses on their behalf. The reasons for denying such requests shall be documented.

8. At the resident's request, a staff member shall represent the resident at the hearing and question witnesses. A staff member shall be appointed to help the resident when it is apparent that the resident is not capable of effectively collecting and presenting evidence on his own behalf.

9. A written record shall be made of the hearing decision and given to the resident. The hearing record shall be kept in the resident's file and in the disciplinary committee's records.

10. The disciplinary report shall be removed from the file of a resident who is found not guilty.

11. The facility administrator or designee shall review all disciplinary hearings and dispositions to ensure conformity with policy and regulations.

12. The resident shall have the right to appeal the disciplinary hearing decision to the facility administrator or designee within 24 hours of receiving the decision. The appeal shall be decided within 24 hours of its receipt, and the resident shall be notified in writing of the results within three days. These time frames do not include weekends and holidays.

COMPLIANCE DETERMINATION: Review a sample of disciplinary reports and complete “Disciplinary Assessment” form.

6 VAC 35-140-560. Room confinement and isolation.

- A. Written policy, procedures and practice shall govern how and when residents of a secure facility may be confined to a room.
- B. Whenever a resident of a secure facility is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more often if indicated by the circumstances; staff shall conduct a check at least every 15 minutes, in accordance with approved procedures, when the resident is on suicide watch.
- C. Residents of a secure facility who are confined to a room, including but not limited to being placed in isolation, shall be afforded the opportunity for at least one hour of physical exercise every 24 hours.

<p>INTERPRETATIVE GUIDELINE: Example would be a youth being placed in confinement at 11AM and released after 10:59 AM the next day at least one hour of exercise should have been given. Audit staff are to be reasonable in this and if two or three minutes are over then there should not be a non-compliance.</p>
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- D. If a resident in secure detention or a juvenile correctional center is confined to his room for more than 24 hours, the superintendent or designee shall be notified. If the confinement extends to more than 72 hours, the confinement shall be immediately reported to the designated department staff person who has oversight responsibility for the facility, along with the steps being taken or planned by the facility to resolve the situation and followed immediately with a written, faxed or secure e-mail report in accordance with established department procedures.
- E. Room confinement as a sanction in a secure facility, or isolation, shall not exceed five days.

- F. The director or designee shall make personal contact with each resident who is confined to a locked room, including being placed in isolation, each day of confinement.

INTERPRETATIVE GUIDELINE: Each day is generally every 24 hours. Due to staff scheduling the visit may exceed 24 hours but it is to take place each day.

- G. Residents of detention homes and juvenile correctional centers who are placed in administrative segregation shall be afforded basic living conditions approximating those available to the facility's general population, and, as provided for in approved procedures, shall be afforded privileges similar to those of the general population. Exceptions may be made in accordance with established procedures when justified by clear and substantiated evidence.

COMPLIANCE DETERMINATION: Review a sample of confinement forms and complete "Confinement Assessment" form.

6 VAC 35-140-570. Questioning of residents.

No secure residential facility or employee of a secure residential facility may play any role in allowing contacts with law enforcement to which a resident does not consent. The secure residential facility shall have procedures for establishing a resident's consent to any given contact and for documenting the resident's decision. The procedures may provide for opportunities, at the resident's request, to confer with an attorney, parent or guardian or other person in making the decision.

COMPLIANCE DETERMINATION: Review procedures and methods of documentation.

6 VAC 35-140-580. Facility area searches.

Written policy, procedure and practice shall provide for regular searches of the secure facility and shall provide for respecting residents' rights to their own property.

COMPLIANCE DETERMINATION: Review procedures.

6 VAC 35-140-590. Searches of residents.

Each secure facility's written policy, procedure and practice shall provide for searches of residents' persons to maintain facility security and control contraband and shall specify that:

1. The resident shall not be touched any more than is necessary to conduct a comprehensive search.
2. Only qualified medical personnel conduct body cavity searches and only when specifically authorized by the facility director or a court. Inspections are to be fully documented in the resident's medical file.
3. Strip searches are performed visually by staff of the same sex as the resident in an area that ensures privacy.
4. Any witness to a body cavity search or strip search is of the same gender as the resident.

COMPLIANCE DETERMINATION: Review procedures.

6 VAC 35-140-600. Control center.

To maintain the internal security of the secure facility, a control center that is secured from residents' access shall be staffed 24 hours a day to integrate all external and internal security functions and communications networks.

COMPLIANCE DETERMINATION: Observe control center and view staffing schedule.

6 VAC 35-140-610. Communications systems.

- A. In each secure facility, there shall be a means for communicating between the control center and living areas.
- B. The secure facility shall be able to provide communications in an emergency.
- C. A secure facility shall have a communications system linked to the community, and written procedures governing its use.

COMPLIANCE DETERMINATION: Assess the means for communicating between the control center and living areas. Is the system operable. Do a test. If radios, interview staff as to effectiveness. Review procedures.

6 VAC 35-140-615. Alternate power source for secure facilities.

Each detention home and juvenile correctional center shall have access to an alternate power source to maintain essential services, in an emergency.

COMPLIANCE DETERMINATION: Observe

6 VAC 35-140-620. Keys.

- A. The secure facility shall have a written key control plan to keep keys secure at all times.
- B. Fire and emergency keys shall be instantly identifiable by sight and touch.
- C. There shall be different masters for the interior security and outer areas.

COMPLIANCE DETERMINATION: Review key control plan. Observe fire and emergency keys and have staff identify them by sight and touch. Observe different masters.

6 VAC 35-140-630. Control of perimeter.

- A. In accordance with a written plan, each detention home and juvenile correctional center shall control its perimeter by appropriate means to provide that residents remain within the perimeter and to prevent unauthorized access by the public.
- B. Pedestrians and vehicles shall enter and leave at designated points in the perimeter of the detention home or juvenile correctional center.

COMPLIANCE DETERMINATION: Review written plan.

6 VAC 35-140-640. Escapes.

Written policies, procedure and practice shall govern staff actions to be taken regarding escapes and AWOLS.

COMPLIANCE DETERMINATION: Review policy and procedures for AWOLs.
--

6 VAC 35-140-650. Transportation of detained juveniles; transfer to department.

- A. Detained juveniles shall be transported in accord with "Guidelines for Transporting Juveniles in Detention" issued by the board in accord with § 16.1-254 of the Code of Virginia.
- B. When a juvenile is transported to the department from a detention home, all information pertaining to the juvenile's medical, educational, behavioral and family circumstances during the resident's stay in detention shall be sent to the department (i) with the juvenile, if the home is given at least 24 hours notice; or (ii) within 24 hours after the juvenile is transported, if such notice is not given.

INTERPRETIVE GUIDELINES: This requirement is more appropriately assessed at RDC. If there are problems noted by RDC staff of any detention homes failing to submit required materials the Certification Manager is to be advised.

COMPLIANCE DETERMINATION: Interview RDC staff.

6 VAC 35-140-660. Chemical agents.

Pepper spray and related chemical agents for security may be used by staff only when the board has approved the use of a specific chemical agent in an individual facility based on a demonstrated compelling security need and the establishment of adequate safeguards in accordance with guidelines issued by the board.

INTERPRETIVE GUIDELINES: The Board has determined that no facility may use chemical agents or pepper spray.

COMPLIANCE DETERMINATION: Interview staff.

6 VAC 35-140-670. Mechanical restraints.

Written policy, procedure and practice shall govern the use of mechanical restraints in each secure custody facility. Such policies and procedures shall be approved by the department administrator who has oversight responsibility for the facility and shall specify:

1. The conditions under which handcuffs, waist chains, leg irons, disposable plastic cuffs, leather restraints and mobile restraint chair may and may not be used.
2. That the facility director or designee shall be notified immediately upon using restraints in an emergency situation.
3. That restraints shall never be applied as punishment.

4. That residents shall not be restrained to a fixed object or restrained in an unnatural position.
5. That each use of mechanical restraints, except when used to transport a resident, shall be recorded in the resident's case file or in a central log book.
6. That the facility maintains a written record of routine and emergency distribution of restraint equipment.

COMPLIANCE DETERMINATION: Review for each element and documentation of approval.

6 VAC 35-140-680. Training required to use mechanical restraints.

If a secure facility uses mechanical restraints, written policy, procedure and practice shall provide that all staff who are authorized to use restraints shall receive department-approved training in their use, including how to check the resident's circulation and how to check for injuries; only properly trained staff shall use restraints.

COMPLIANCE DETERMINATION: Review training records. Is the training approved if it is not HWC?

6 VAC 35-140-685. Restraints for medical and mental health purposes.

In each detention home and juvenile correctional center, written policy, procedure and practice shall govern the use of restraints for medical and mental health purposes. Written policy should identify the authorization needed; when, where and how restraints may be used; for how long; and what type of restraint may be used.

COMPLIANCE DETERMINATION: Review policy and procedure.

6 VAC 35-140-690. Monitoring restrained residents.

Written policy, procedure and practice shall provide that when a resident of a secure facility is placed in restraints staff shall:

1. Provide for the resident's reasonable comfort and ensure the resident's access to water, meals and toilet, and;
2. Make a direct personal check on the resident at least every 15 minutes and more often if the resident's behavior warrants; and
3. If the resident exhibits self-injurious behavior keep the youth under constant visual supervision along an uninterrupted line of sight, either directly, or through windows, or via video monitoring.

COMPLIANCE DETERMINATION: Review policy and procedure. Assess required checks and visual supervision, if appropriate.
--

6 VAC 35-140-700. Consultation with mental health professional.

In each secure facility, written policy and procedure developed in consultation with a mental health professional, and facility practice shall provide that:

1. When a resident is restrained for more than two hours cumulatively in any 24-hour period, except when being transported, trained staff shall make and document a determination, arrived at in accordance with those policies and procedures, as to whether a mental health problem is indicated; and
2. If a mental health problem is indicated, staff shall immediately consult with, and document that they have consulted with, a licensed mental health professional or the local community services board.

COMPLIANCE DETERMINATION: Review policy and procedure. Assess who assisted in the development.

Article 2

Post-Dispositional Detention Programs

6 VAC 325-140-701. Approval of post-dispositional detention programs.

A detention home that accepts post-dispositional placements exceeding thirty consecutive calendar days pursuant to Code of Virginia § 16.1-284.1 must be approved by the board to operate a post-dispositional program. The certificate issued by the board pursuant to 22 VAC 42-10-40 ("Licenses/certificates" in Standards for Interdepartmental Regulation of Children's Residential Facilities) shall state that the facility is approved to operate a post-dispositional program and the maximum number of residents that may be included in the post-dispositional program. The board will base its approval of the post-dispositional program on the program's compliance with Standards 6 VAC 35-140-701 through 6 VAC 35-140-709.

COMPLIANCE DETERMINATION: Observe certificate.

6 VAC 35-140-702. Agreement with court services unit.

The post-dispositional program shall request a written agreement with the court services unit of the committing court, defining working relationships and responsibilities in the implementation and utilization of the post-dispositional program.

COMPLIANCE DETERMINATION: Review agreement.
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6 VAC 35-140-703. Program description.

The post-dispositional detention program or service shall have a written statement of its:

1. purpose and philosophy;

2. treatment objectives;
3. criteria and requirements for accepting juveniles into the post-dispositional program;
4. criteria for measuring a juvenile's progress;
5. general rules of juvenile conduct and the behavior management program within the post-dispositional program, with specific expectations for behavior and appropriate consequences;
6. criteria and procedures for terminating services, including terminations prior to the juvenile's successful completion of the program;
7. methods and criteria for evaluating program effectiveness;
8. provisions for appropriate custody, supervision and security when programs or services are delivered outside the facility.

COMPLIANCE DETERMINATION: Review program description for each element.

6 VAC 35-140-704. Paid employment of post-dispositional residents.

- A. Paid employment may be part of the rehabilitation and treatment plan for a post-dispositional resident. Such work must be in a setting that the facility administrator has determined to be appropriate.
- B. Paid employment for any juvenile whose ordered period of confinement in a secure detention facility exceeds thirty consecutive days must be in accordance with 22 VAC 42-10-910 (Work and Employment).

COMPLIANCE DETERMINATION: Review sample of case files.

6 VAC 35-140-705. Services by licensed professionals.

When a post-dispositional detention program refers a juvenile to a licensed professional in private practice, the program shall check with the appropriate licensing authority's internet web page or by other appropriate means to verify that the individual is appropriately licensed.

COMPLIANCE DETERMINATION: See documentation of licensure.

6 VAC 35-140-706. Limitation of contact with juveniles.

When there are indications that an individual who is providing post-dispositional programs or services has a physical, mental or emotional condition that might jeopardize the safety of juveniles, the administrator of the post-dispositional program or department personnel may immediately require that the individual be removed from contact with juveniles until the situation is resolved.

COMPLIANCE DETERMINATION: Review policy and procedure.

6 VAC 35-140-707. Post-dispositional placements.

- A. A detention home that accepts post-dispositional placements exceeding thirty consecutive calendar days shall have written policies, procedure and practice ensuring reasonable utilization of the facility for both pre-dispositional detention and the post-dispositional program.

COMPLIANCE DETERMINATION: Review policy and procedure.

- B. When a court orders a juvenile detained post-dispositionally for a period exceeding thirty consecutive days, pursuant to §16.1-284.1 B of the Code of Virginia, the facility shall:

1. Obtain from the court service unit a copy of the court order, the resident's most recent social history and any other written information considered by the court during the sentencing hearing; and
2. Develop a written plan with the court service unit within five business days to enable such youth to take part in one or more locally available treatment programs appropriate for their rehabilitation which may be provided in the community or at the facility.

COMPLIANCE DETERMINATION: Review sample of case files.

- C. When a detention facility accepts post-dispositional placements exceeding thirty consecutive days pursuant to Code of Virginia § 16.1-284, the facility shall:
1. Provide programs or services for such post-dispositional residents that are not routinely available to detained youth who are awaiting disposition.

This requirement for separate programs or services does not prohibit post-dispositional residents from participating in pre-dispositional services or programs in addition to post-dispositional services or programs.
 2. Establish a schedule clearly identifying the times and locations of programs and services available to post-dispositional residents.

COMPLIANCE DETERMINATION: Determine those services not routinely available. Observe schedule.
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- D. Upon the referral of the probation officer or the order of the court, the detention facility shall conduct the statutorily required assessment as to whether a juvenile is an appropriate candidate for placement in a post-dispositional program exceeding thirty consecutive days. The assessment shall assess the juvenile's

need for services using a process that is outlined in writing, approved by the department, and agreed to by both the detention home superintendent and the director of the court service unit. Based on these identified needs the assessment shall indicate the appropriateness of the available post-dispositional programs or services for the juvenile's rehabilitation.

COMPLIANCE DETERMINATION: Review assessment in a format approved by DJJ.

- E. When a post-dispositional resident would have to be released from the secure facility to access programs or services in the community, both the detention home and the court service unit shall agree in writing as to the suitability of the juvenile to be temporarily released for this purpose. Juveniles who present a significant risk to themselves or others shall not be considered suitable candidates for paid employment outside the facility nor for programs or services offered outside the facility; they may, however, participate in programs or services within the facility, if appropriate programs or services are available.

COMPLIANCE DETERMINATION: Review approval. May be is blanket agreement or in service plans.

6 VAC 325-140-708. Delivery of medication.

A detention facility that accepts post-dispositional placements exceeding thirty consecutive days pursuant to Code of Virginia § 16.1-284 shall have and follow written policy and procedure, approved by the facility's health authority, that either permits or prohibits self-medication by post-dispositional residents. The procedures may distinguish between juveniles who receive post-dispositional services entirely within the confines of

the secure detention facility and those who receive any post-dispositional services outside the secure detention facility. The procedures shall conform to the specific requirements of the Drug Control Act, § 54.1-3400, Code of Virginia.

COMPLIANCE DETERMINATION: Review approval by health authority.

6 VAC 35-140-709. Other applicable standards.

Detention facilities that provide post-dispositional programs and services for juveniles whose ordered period of confinement exceeds thirty consecutive days must comply with all applicable requirements established by the Standards for the Interdepartmental Regulation of Residential Facilities for Children (22 VAC 42-10), including at least the following standards:

22 VAC 42-10-620. Initial Objectives and Strategies.

22 VAC 42-10-630. Service Plan.

INTERPRETATIVE GUIDELINE FOR 630: Quarterly is measured from the date that the service plan was developed.

22 VAC 42-10-670. Social Services.

22 VAC 42-10-690. Structured Program of Care.

22 VAC 42-10-700. Health Care Procedures.

22 VAC 42-10-710. Medical Examinations and Treatment.

22 VAC 42-10-780. Management of Resident Behavior.

22 VAC 42-10-880. B. Community Relationships.

22 VAC 42-10-910. Work and Employment.

22 VAC 42-10-920. Visitation at the Facility and to the Resident's Home.

COMPLIANCE DETERMINATION: Review each Interdepartmental Standard for compliance. Do not cite this as a violation if one or more of the above ID standards are cited for non-compliance.

Wilderness Work Camps

6 VAC 35-140-710. Wilderness work camps.

The wilderness work camp shall have a written program description including:

1. Its intended juvenile offender population;
2. How a resident's work assignment, education and vocational training and treatment program participation will be interrelated;
3. The length of the wilderness work camp program and the kind and duration of treatment and supervision that will be provided upon the resident's release from the residential program; and
4. The program's incentives and sanctions.

INTERPRETIVE GUIDELINES: There are no such programs at this time.
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Article 4

Juvenile Correctional Centers

6 VAC 35-140-711. Staff training in juvenile correctional centers.

- A. All staff of juvenile correctional centers who supervise residents shall receive at least 120 hours of training during their first year of employment and at least an additional 40 hours of training each subsequent year.

COMPLIANCE DETERMINATION: Review training records.

- B. Professional specialists employed by the juvenile correctional center (including but not limited to case managers, counselors, social workers, psychologists,

medical personnel and recreation specialists) who have contact with youth shall receive at least 120 hours of training during their first year of employment and at least an additional 40 hours of training each subsequent year.

COMPLIANCE DETERMINATION: Review training records.

- C. All administrative and managerial staff, and all support employees of the juvenile correctional center who have regular or daily contact with juveniles, shall receive at least 40 hours of training during their first year of employment and at least 40 hours of training each year thereafter, in areas relevant to their positions.

INTERPRETIVE GUIDELINES: Only relevant to those staff who have regular or daily contact with juveniles. Example: If kitchen staff supervise residents and no JCO staff are present

COMPLIANCE DETERMINATION: Review training records.

- D. All clerical and support employees of the juvenile correctional center who have no contact or only minimal contact with juveniles shall receive at least 16 hours of training during the first year of employment and at least 16 hours of training each year thereafter.

COMPLIANCE DETERMINATION: Review training records

- E. Library and reference services shall be available at the department's central training facility to complement the training and staff development program.

INTERPRETIVE GUIDELINES: The Training Unit maintains appropriate materials.

6 VAC 35-140-712. Performance review.

Consistent with state personnel policies and procedures, the juvenile correctional center shall provide for an annual written performance review of each employee. The review shall be based on defined criteria, and the results discussed with the employee.

COMPLIANCE DETERMINATION: Review sample of staff files.

6 VAC 35-140-713. Administration and organization.

Each juvenile correctional center shall have a written document describing its organization. The description shall include an organizational chart that groups similar functions, services and activities in administrative subunits. This document shall be reviewed and updated as needed, as determined by the facility administrator or designee.

COMPLIANCE DETERMINATION: Observe written document.

6 VAC 35-140-714. Community-facility advisory committee.

Each juvenile correctional center shall have a community advisory committee, representative of the community, that serves as a link between the program and the community.

COMPLIANCE DETERMINATION: Interview community liaison.

6 VAC 35-140-715. Organizational communications.

A. The juvenile correctional center shall comply with department procedures requiring reports concerning major incidents, population data, employee vacancies and other information determined by the central administration.

COMPLIANCE DETERMINATION: Interview Deputy for Institutions or designee.

B. The superintendent of the juvenile correctional center, or designee, shall meet at least monthly with all department heads and key staff members.

COMPLIANCE DETERMINATION: Interview several Department heads or look at monthly minutes of meetings.

- D. The juvenile correctional center superintendent or designee, assistant facility superintendent and designated department heads shall visit the facility's living and activity areas at least weekly to encourage informal contact with staff and juveniles and to observe informally living and working conditions.

INTERPRETIVE GUIDELINES: The standard is inclusive of all three. The superintendent can have a designee and can designate the appropriate department heads. The standard does not require that each individual visit each area every week. The intent is that each area be visited by someone. There could be a schedule showing how each area will be visited.

COMPLIANCE DETERMINATION: Determine who designees are. Interview staff and observe entries in Unit logbooks or other forms of documentation, i.e., shift status reports or administrative logbooks.

6 VAC 35-140-720. Coordination with court service unit staff.

- A. Treatment staff at the reception and diagnostic center shall notify each resident's probation or parole officer of the scheduled staffing.

INTERPRETIVE GUIDELINES: Only applies to RDC.

COMPLIANCE DETERMINATION: Review sample of case files.

- B. The juvenile correctional center's treatment staff shall notify the resident's probation or parole officer of the scheduled treatment team meeting.

COMPLIANCE DETERMINATION: Review sample of case files.

6 VAC 35-140-730. Isolation and segregation.

- A. Residents of juvenile correctional centers who are placed in isolation shall be housed no more than one to a room.

- B. Residents of juvenile correctional centers who are placed in segregation units shall be housed no more than two to a room.
- C. In juvenile correctional centers, single occupancy rooms shall be available when indicated for wards with severe medical disabilities, wards suffering from serious mental illness, sexual predators, wards who are likely to be exploited or victimized by others, and wards who have other special needs for single housing.

COMPLIANCE DETERMINATION: Observe rooms.

6 VAC 35-140-740. Post orders or shift duties.

- A. For each security post in the juvenile correctional center, there shall be post orders or shift duties that provide details for carrying out daily operations. These instructions shall be reviewed at least annually and updated if necessary.
- B. Juvenile correctional center personnel who are permanently assigned to security posts shall read, sign and date the appropriate shift assignment each time they assume a new position.

COMPLIANCE DETERMINATION: Review Post Orders. Review documentation of annual reviews. Review staff signatures and dates.

6 VAC 35-140-750. Population count.

In each juvenile correctional center, there shall be a system for each shift to count residents and notify designated staff of any changes in resident population. All housing moves, school and work assignments, admissions and releases shall be reflected on a daily master count sheet.

INTERPRETIVE GUIDELINES: May be on a shift status report.

COMPLIANCE DETERMINATION: Review appropriate documentation.

6 VAC 35-140-760. Operating procedures.

Institutional operating procedures shall be in place that are consistent with standard operating procedures.

INTERPRETIVE GUIDELINES: Due to the volume of SOPs and IOPs it is impossible to review each. During the review of procedures required by standards, note any areas of inconsistency.

6 VAC 35-140-770. Transfer file.

- A. In each juvenile correctional center, a separate transfer file shall be kept for each resident, documenting all treatment and significant events. All transfer files shall be kept current and in a uniform manner.

COMPLIANCE DETERMINATION: Review sample of case files.

- B. An exact copy of all material added to the transfer file shall be sent to the reception and diagnostic center for inclusion in the resident's master file.

COMPLIANCE DETERMINATION: Interview staff at RDC.

6 VAC 35-140-780. Privately operated juvenile correctional centers.

In addition to the other requirements of juvenile correctional centers, privately operated juvenile correctional centers shall:

1. House only juveniles who have been committed to the department and who have been properly transferred to the facility by the department, unless otherwise specified by contract with the department; and
2. Follow the department's case management procedures and practices.

INTERPRETIVE GUIDELINES: There are no such programs at this time.

6 VAC 35-140-790. Junior ROTC program.

Each Junior ROTC program shall have a written description of the program that states:

1. Criteria residents must meet to enter and remain in the program;
2. How military style discipline, including immediate sanctions, will be applied; and
3. Criteria and procedures for terminating a resident's participation in the program.

COMPLIANCE DETERMINATION: Review written program description where applicable.

6 VAC 35-140-800. Agreements governing juvenile industries work programs.

A. If the department enters into an agreement with a public or private entity for the operation of a work program pursuant to § 66-25.1 of the Code of Virginia, the agreement shall:

1. Comply with all applicable federal and state laws and regulations, including but not limited to the Fair Labor Standards Act (29 USC §201 et seq.), child labor laws, workers' compensation insurance laws, and the Standards for the Interdepartmental Regulation of Residential Facilities for Children relating to work and employment;
2. State the length of the agreement and the criteria by which it may be extended or terminated;
3. Specify where residents will work and, if not at a juvenile correctional center, the security arrangements at the work site;
4. Summarize the educational, vocational or job training benefits to residents.

- B. The agreement shall address how residents will be hired and supervised, including:
1. The application and selection process;
 2. The qualifications required of residents hired;
 3. A requirement that there be a job description for each resident's position;
 4. Evaluation of each resident's job related behaviors and attitudes, attendance and quality of work; and
 5. Whether and how either party may terminate a resident's participation.
- C. The agreement shall address resident's compensation including:
1. Whether residents are to be paid directly by the outside entity or through the department; and
 2. If applicable, whether any deductions shall be made from the residents' compensation for subsistence payments, restitution to victims, etc.
- D. As applicable, the agreement shall specify:
1. That accurate records be kept of the work program's finances, materials inventories, and residents' hours of work, and that such records be subject to inspection by either party and by an independent auditor;
 2. How the project's goods or services will be marketed;
 3. How proceeds from the project will be collected and distributed to the parties;
 4. Which party is responsible for providing:
 - a. The materials to be worked on;
 - b. The machinery to be used;

- c. Technical training and supervision in the use of equipment or processes;
- d. Utilities;
- e. Transportation of raw materials and finished goods;
- f. Disposal of waste generated in the work project; and
- g. Safety and other special equipment and clothing.

COMPLIANCE DETERMINATION: Interview Central Office staff who has oversight of such program and review sample of written agreements.
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CONFINEMENT ASSESSMENT REVIEW

Facility:_____ Date:_____ Reviewer:_____

Case Names

1: _____ 2: _____

3: _____ 4 : _____

Assessment Areas		1	2	3	4
B.	Whenever a resident of a secure facility is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more often if indicated by the circumstances; staff shall conduct a check at least every 15 minutes , in accordance with approved procedures, when the resident is on suicide watch .				
C.	Residents of a secure facility who are confined to a room, including but not limited to being placed in isolation, shall be afforded the opportunity for at least one hour of physical exercise every 24 hours .				
D.	If a resident in secure detention or a juvenile correctional center is confined to his room for more than 24 hours , the superintendent or designee shall be notified. If the confinement extends to more than 72 hours, the confinement shall be immediately reported to the designated department staff person who has oversight responsibility for the facility , along with the steps being taken or planned by the facility to resolve the situation and followed immediately with a written, faxed or secure e-mail report in accordance with established department procedures.				
E.	Room confinement as a sanction in a secure facility, or isolation, shall not exceed five days .				
F.	The director or designee shall make personal contact with each resident who is confined to a locked room, including being placed in isolation, each day of confinement .				

DISCIPLINARY ASSESSMENT REVIEW

Facility:_____ Date;_____ Reviewer:_____

Case Names

1: _____ 2: _____

3: _____ 4: _____

Assessment Areas	1	2	3	4
1. Staff shall prepare a disciplinary report;				
2. The resident shall be given a written copy of the charge within 24 hours of the infraction;				
3. If a hearing is required under paragraph C, above, the hearing shall be scheduled to occur no later than 48 hours after the infraction in a detention facility, and no later than seven days after the infraction in a juvenile correctional center. These timeframes do not include weekends and holidays.				
4. The charged resident shall be given at least 24 hours notice of the time and place of the hearing, but the hearing may be held within 24 hours with the resident's written consent.				
5. Disciplinary hearings on rule violations shall be conducted by an impartial person or panel of persons; a record of the proceedings shall be made and shall be kept for six months.				
6. Residents charged with rule violations shall be present throughout the hearing unless they waive that right in writing or through their behavior but may be excluded during the testimony of any resident whose testimony must be given in confidence. The reason for the resident's absence or exclusion shall be documented.				

7. Residents shall be permitted to make a statement and present evidence at the hearing and to request witnesses on their behalf. The reasons for denying such requests shall be documented.				
8. At the resident's request, a staff member shall represent the resident at the hearing and question witnesses. A staff member shall be appointed to help the resident when it is apparent that the resident is not capable of effectively collecting and presenting evidence on his own behalf.				
9. A written record shall be made of the hearing decision and given to the resident. The hearing record shall be kept in the resident's file and in the disciplinary committee's records.				
10. The disciplinary report shall be removed from the file of a resident who is found not guilty.				
11. The facility administrator or designee shall review all disciplinary hearings and dispositions to ensure conformity with policy and regulations.				
12. The resident shall have the right to appeal the disciplinary hearing decision to the facility administrator or designee within 24 hours of receiving the decision. The appeal shall be decided within 24 hours of its receipt, and the resident shall be notified in writing of the results within three days. These time frames do not include weekends and holidays.				